

# Corneal Transplant Evaluation Patient Information Update

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Phone Number: [Insert Patient Phone Number]

Email: [Insert Patient Email]

**Dear [Insert Patient Name],**

We hope this message finds you well. We are writing to update you on your corneal transplant evaluation status and to request some additional information to proceed with your care.

## **Required Information**

- Current medications and dosages
- Any recent eye examinations
- Changes in your medical history

Please respond to this message by [Insert Response Date] with the requested details. Your cooperation is greatly appreciated and will help us in providing you with the best possible care.

If you have any questions or need further assistance, feel free to contact our office at [Insert Office Phone Number].

Thank you for your attention to this matter.

Sincerely,

[Insert Doctor's Name]

[Insert Medical Facility Name]

[Insert Medical Facility Contact Information]